

FORM B1

United States Bankruptcy Court
District of

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): <u>Boettmann Robert J</u>	Name of Joint Debtor (Spouse) (Last, First, Middle): <u>Boettmann Cynthia M</u>
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <u>147-166-4738</u>	Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <u>140-76-4663</u>
Street Address of Debtor (No. & Street, City, State & Zip Code): <u>204 11th Ave #2 Belmar, NJ 07719</u>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <u>204 11th Ave #2 Belmar, NJ 07719</u>
County of Residence or of the Principal Place of Business: <u>Monmouth</u>	County of Residence or of the Principal Place of Business: <u>Monmouth</u>
Mailing Address of Debtor (if different from street address): <u>PO Box 162 Avon, NJ 07717</u>	Mailing Address of Joint Debtor (if different from street address): <u>PO Box 162 Avon, NJ 07717</u>
Location of Principal Assets of Business Debtor (if different from street address above):	

Information Regarding the Debtor (Check the Applicable Boxes)

Venue (Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply)	Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)
<input type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank	<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding
Nature of Debts (Check one box)	
<input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business	Filing Fee (Check one box)
Chapter 11 Small Business (Check all boxes that apply)	
<input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)	
Filing Fee (Check one box)	
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments.	

Statistical/Administrative Information (Estimates only)

Debtor estimates that funds will be available for distribution.

Debtor estimates that, after any exempt property is deducted, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors 1-15 16-49

Estimated Assets
 \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million

Estimated Debts
 \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million

Case # 05-20980 T

Filed: 04/06/05

Judge: KCF

UNITED STATES BANKRUPTCY COURT

District of New Jersey

RECEIPT

Chapter 7 # 000206580 - BH

03:34 PM, April 06, 2005

Code	Qty	Amount
NF	1	\$39.00
07	1	\$170.00

Debtor(s):

Robert J Boettmann
 Cynthia M Boettmann

TOTAL PAID: \$209.00

From: Cynthia M Boettmann
 204 11th Avenue
 Belmar, NJ 07719

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): <i>Robert and Cynthia Bodtmann</i>	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
<i>Trenton, New Jersey</i>	<i>03-44162-KCF</i>	<i>10-15-2003</i>	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint)			
I declare under penalty of perjury that the information provided in this petition is true and correct.			
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.			
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			
<i>X <u>Robert S Bodtmann</u></i>		Signature of Debtor	
<i>X <u>Cynthia Bodtmann</u></i>		Signature of Joint Debtor	
<i>732-556-6553</i>		Telephone Number (If not represented by attorney)	
<i>APRIL 6, 2005</i>		Date	
Signature of Attorney			
<i>X</i>		Signature of Attorney for Debtor(s)	
Printed Name of Attorney for Debtor(s)		_____ _____ _____ _____	
Firm Name		_____ _____ _____ _____	
Address		_____ _____ _____ _____	
Telephone Number		_____ _____ _____ _____	
Date		_____ _____ _____ _____	
Signature of Debtor (Corporation/Partnership)			
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.			
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			
<i>X</i>		Signature of Authorized Individual	
Printed Name of Authorized Individual		_____ _____ _____ _____	
Title of Authorized Individual		_____ _____ _____ _____	
Date		_____ _____ _____ _____	
Exhibit A			
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)			
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.			
Exhibit B			
(To be completed if debtor is an individual whose debts are primarily consumer debts)			
I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.			
<i>X</i>		Signature of Attorney for Debtor(s)	
<i></i>		Date	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No			
Signature of Non-Attorney Petition Preparer			
I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.			
Printed Name of Bankruptcy Petition Preparer			
Social Security Number (Required by 11 U.S.C. § 110(c).)			
Address			
Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:			
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.			
<i>X</i>		Signature of Bankruptcy Petition Preparer	
<i></i>		Date	
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.			

FORM B6-Cont.
(6/90)

UNITED STATES BANKRUPTCY COURT
District of _____

In re Robert and Cynthia Bodtmann,
Debtor

Case No. _____
(If known)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	AMOUNTS SCHEDULED
A - Real Property	Yes	1	\$ 0.00
B - Personal Property	Yes	2	\$ 33.530
C - Property Claimed as Exempt	Yes	1	
D - Creditors Holding Secured Claims	Yes	1	\$ 0
E - Creditors Holding Unsecured Priority Claims	Yes	1	\$ 0
F - Creditors Holding Unsecured Nonpriority Claims	Yes	22	\$ 150.771.45
G - Executory Contracts and Unexpired Leases	Yes	1	
H - Codebtors	Yes	1	
I - Current Income of Individual Debtor(s)	Yes	1	\$ 3.123.64
J - Current Expenditures of Individual Debtor(s)	Yes	1	\$ 4.869.19
Total Number of Sheets of ALL Schedules ▶		32	
Total Assets ▶		\$ 33.530	
Total Liabilities ▶		\$ 150.771.45	

Form B6A
(6/90)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Cynthia Boltman*
Debtor

Case No. _____

Chapter 7

SCHEDEULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
<i>N/A</i>				

Total ►

(Report also on Summary of Schedules.)

Form B6B - (10/89)

In re

Case No.:

Robert and Cynthia Bodtmann

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

	TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.	✓	204 11th Ave Belmar, NJ 07719	J	350.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3.	Security deposits with public utilities, telephone companies, landlords, and others.	✓	Security deposit with current landlord.	J	2000.00
4.	Household goods and furnishings, including audio, video, and computer equipment.	✓	Furniture, computer, DVD player, TV, VCR Miscellaneous Household Goods at 204 11th Ave Belmar and 1737 Belmar Blvd WAll.	J	25,000.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.	✓	Wearing Apparel		5000.00
7.	Furs and jewelry.	✓	Jewelry		500.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issuer.	X			

Form B6B - Continued (10/89)

In re	Case No.:
<i>Robert and Cynthia Boatmann</i>	Debtor
	(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	✓	Monthly Child Support	W	680.00
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. (Form B6A)	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	✓	Potential special-civil suit. Small claims complaint.	J	UNKNOWN AMOUNT
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			

Form B6C
(6/90)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and Cynthia Doellmann,
Debtor

Case No. _____

Chapter 7

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). **Note: These exemptions are available only in certain states.**

11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
1991 Dodge Caravan	11 USC/522(d)(2)	500.00	500.00
Jewelry	11 USC/522(d)(1)	350.00	350.00
Wearing Apparel	11 USC/522(d)(1)	500.00	500.00
Miscellaneous Household Goods	11 USC/522(d)(1)	5300.00	5300.00
Security Deposit on Rental.	11 USC/522(d)(1)	2000.00	2000.00
Child Support	11 USC/522(d)(1)	680.00	680.00

Form B6D
(6/90)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Cynthia Boatmann*
Debtor

Case No. _____

Chapter 7

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR <small>HUSBAND, WIFE, JOINT, OR COMMUNITY</small>	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

_____ continuation sheets attached

Subtotal (Total of this page)	\$
Total (Use only on last page)	\$

(Report total also on Summary of Schedules)

Form B6E
(Rev. 4/01)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and Cynthia Brattmann,
Debtor

Case No. _____

Chapter 7

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.



Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$4,650* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

Deposits by individuals

Claims of individuals up to \$2,100* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

Form B6F - Cont.
(10/89)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

Robert and
In re Cynthia Bodtmann,
Debtor

Case No. _____

Chapter 7

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>2586085</u> <u>Attention!</u> <u>PO Box 2408</u> <u>Sherman, TX 75091</u>	H		Medical				<u>798.32</u>
ACCOUNT NO. <u>410637000374</u> <u>Aspire</u> <u>Q356</u> <u>PO Box 105341</u> <u>ATLANTA, GA 30348</u>	H		Consumer Credit				<u>791.82</u>
ACCOUNT NO. <u>5174819</u> <u>Alliance ONE</u> <u>16841 Woodlands Dr.</u> <u>MAUMEE, OH 43537</u>	W		Collection Agency				<u>446.58</u>
ACCOUNT NO. <u>Various</u> <u>Audit Systems</u> <u>3696 Wimerton Rd.</u> <u>Clearwater, FL 33762</u>	J		Medical 57848685 56349414 57848685				<u>801.49</u>
ACCOUNT NO. <u>UNKNOWN</u> <u>Access Wireless</u> <u>1813 Hwy 35</u> <u>Ocean, NJ 07712</u>	W		Utility				<u>450.00</u>

Sheet no. ____ of ____ sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal ► \$ 1,670.41
(Total of this page)

Total ► \$ 1,670.41

(Use only on last page of the completed Schedule E.)
(Report total also on Summary of Schedules)

*Robert and
Cynthia Bodtman*
In re _____
Debtor

Case No. _____

Chapter _____ 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 128191920030 AMA Collections 2269 SAW Mill River Rd. Elmsford, NY 10523	H		Medical 00152840009746 0015263667798 00152840097801 A2410541325				101.00
ACCOUNT NO. VARIOUS AMC 2269 SAW Mill River Rd. Elmsford, NY 10523	J		Medical 00152840009746 0015263667798 00152840097801 A2410541325				750.00
ACCOUNT NO. 1203694232 ACA Collections 2269 SAW Mill River Rd. Elmsford, NY 10523	H		Medical				756.00
ACCOUNT NO. 1646689 Asbury Park Press P.O. Box 1550 Neptune, NJ 07754	W		Collections				1.000
continuation sheets attached				Subtotal ➤	\$ 1,178.00		
Total ➤					\$ 1178.00		

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

Robert and
In re Cynthia Bodtman,
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>45439320</u> <u>A+T</u> <u>Po Box 8229</u> <u>Aurora, IL</u> <u>60572</u>		<u>W</u>	<u>Utility</u>				<u>1481.44</u>
ACCOUNT NO. <u>0143704731</u> <u>Allied Interstate</u> <u>Po Box 361476</u> <u>Columbus, OH</u> <u>43236</u>		<u>H</u>	<u>Collection Agency</u>				<u>548.39</u>
ACCOUNT NO. <u>3714689</u> <u>Amsher Collection</u> <u>2090 Columbia Rd</u> <u>Birmingham, AL</u> <u>35216</u>		<u>W</u>	<u>Utility /cellular</u>				<u>379.00</u>
ACCOUNT NO. <u>1041040251</u> <u>Affiliated</u> <u>19 Main St</u> <u>Asbury Park, NJ 07712</u>		<u>W</u>	<u>Medical</u>				<u>79.00</u>

continuation sheets attached

Subtotal ➤ \$ 2487.83

Total ➤ \$ 2487.83

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF

In re Robert and Cynthia Brattmann,
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Not Known Berks PO Box 2171 Sinking Springs, PA 19608	W	Collection Agency				1145.00
ACCOUNT NO. Various Borrebach & Tomlinson 20 S. Oliver St Media, PA 19063	W	Collection Agency 167029 190713				517.17
ACCOUNT NO. Various Bon Venture 34 Ironia Rd. PO Box 812 Flanders, NJ 07834	J	Advertisement Agency 506183 506182				820.00
ACCOUNT NO. 346081929 Bay Area Credit 50 Airport PKwy SAN JOSE, CA 95110	W	Collection Agency				379.03

continuation sheets attached

Subtotal ➤ \$ 2,881.20

Total ➤ \$ 2,881.20

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Syndia Bodmann,
Debtor*

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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ACCOUNT NO. <u>Not Known</u>		<i>W</i> Consumer Credit				<u>160.00</u>
<u>BANK first</u> 2600 W. 49th St. Sioux Falls, SD 57105	<i>W</i>					
ACCOUNT NO. <u>Not Known</u>		<i>W</i> Collection Agency				<u>450.00</u>
<u>BAKER & Bagwell</u> Po Box 522556 Longwood, FLA 32750						
ACCOUNT NO. <u>Not Known</u>		<i>J</i> Collection Agency Law Firm				<u>Amount Unknown</u>
<u>Discreetie & Friedman</u> 1 Newark Center Newark, NJ 07102						
ACCOUNT NO. <u>07866141208</u>	<i>W</i>	Utility				<u>225.00</u>
<u>Cablevision</u> Po Box 58 Belmar, NJ 07719						
continuation sheets attached						
Subtotal ➤						<u>\$ 835.00</u>
Total ➤						<u>\$ 835.00</u>

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF

*Robert and
In re Cynthia Bodtmann*
Debtor

Case No. _____

Chapter 7

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ACCOUNT NO. 24-050140799 CBCS 600 N. BAI 11 AVE CARNEGIE, PA 15106	W	Collection Agency				225.00
ACCOUNT NO. 24120512 Collect Tech PO Box 4157 Woodland Hills, CA 91365	H	Utility				4179.72
ACCOUNT NO. 68560120672 Commerce BANK 1701 Rt 70 East Cherry Hill, NJ 08034		BANK				955.20
ACCOUNT NO. 68560015925 Commerce BANK 1701 Rt 70 East Cherry Hill, NJ 08034		BANK				NOT KNOWN

continuation sheets attached

Subtotal ➤ \$ 1659.92

Total ➤ \$ 1659.92

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Cynthia Bodtman*,
Debtor

Case No. _____

Chapter 7

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ACCOUNT NO. VARIOUS CCS PO Box 729 Red BANK, NJ 07701		W	Collection FOR Medical A259747 P97 2819 DFN 062				822.23
ACCOUNT NO. 1516 758 08 Certgy Payment Services 550 Greensboro St. Tuscaloosa, AL 35401		W	Collection Agency				244.82
ACCOUNT NO. Coastal ENT 1520 Hwy 138 WAll, NJ 07719		H	Medical				278.00
ACCOUNT NO. 1200 316 348 Complete Collections PO Box 729 Red Bank, NJ 07701		H	Medical				1147.00

continuation sheets attached

Subtotal ► \$ 2492.05

Total ► \$ 2492.05

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Cynthia Bodman*
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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ACCOUNT NO. 0416 90247 <i>CAPITAL Collections Po Box 150 W. Berlin, NJ 08091</i>	J		Medical				488.62
ACCOUNT NO. 080041862227 <i>Credit Collection Services Two Wells Ave Newton, MA 02459</i>	J		Medical				857.00
ACCOUNT NO. VARIOUS <i>CCS Po Box 729 Red Bank, NJ 07701</i>	J		Medical 1200 311 768 1500 342 449 1500 349 517 1500 352 438				2284.17
ACCOUNT NO. 24120512 <i>Direct TV Po Box 830032 Baltimore, MD 21283</i>	H		Utility				479.72

continuation sheets attached

Subtotal ► \$ 4109.51

Total ► \$ 4109.51

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and Cynthia Boatman,
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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ACCOUNT NO. <u>Not Known</u> Direct TV PO Box 830032 Baltimore, MD 21283		W	Utility				Not Known
ACCOUNT NO. <u>7334 2213</u> Equifax PO Box 30272 Tampa, FL 33630		W	Collection Agency				20.00
ACCOUNT NO. <u>Not Known</u> Ebony Po Box 57480 Boulder, CO 80322		W	Magazine				11.97
ACCOUNT NO. <u>100055291643</u> JCP+L Po Box 3487 Akron, Ohio 44309		W	Utility				190.00

continuation sheets attached

Subtotal ➤ \$ 221.97

Total ➤ \$ 221.97

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF**

In re Robert and Cynthia Boltmann,
Debtor

Case No. _____

Chapter _____ /

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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ACCOUNT NO. Various JCP&L PO Box 3687 Akron, OHIO 44309	J	Utility Various Account Numbers Not Known				Not Known
ACCOUNT NO. Various JSUMC PO Box 397 Neptune, NJ 07754	J	Medical 1200 311-768 1300 387-422 1500 378-062				6878.00
ACCOUNT NO. Various JSUMC PO Box 397 Nept, NJ 07754	J	Medical 1300 394-247 1300 327-744				607.00
ACCOUNT NO. Various JSUMC PO Box 397 Neptune, NJ 07754	J	Medical 1300 330-138 1300 388-539 1500 349-517 1300 387-422 1500 352-438				5589.00

continuation sheets attached

Subtotal ► \$ 13.074.00

Total ► \$ 13,074 . 00

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Cynthia Bodman*
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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ACCOUNT NO. <i>Various</i> JSUMC PO BOX 397 Neptune, NJ 07754	J		Medical 1500 347 647 1300 3942 47 1300 394 249 1500 355 403 1300 387 756				<i>8727.43</i>
ACCOUNT NO. <i>Various</i> JSUMC PO BOX 397 Neptune, NJ 07754	J		Medical 1300 3898 12 1200 311 768 1300 394 249				<i>11618.10</i>
ACCOUNT NO. <i>025 835</i> Jersey Shore EYE Associates 2100 Corties Ave Neptune, NJ 07754	H		Medical				<i>100.00</i>
ACCOUNT NO. <i>Various</i> K-MART CORP PO Box 8130 Palatine, IL 60078	W		Collection Agency 61-6793433-664 343 434 62 2781 6789				<i>5666.51</i>
Subtotal ►							<i>11,012.04</i>
Total ►							<i>\$ 11,012.04</i>

continuation sheets attached

(Report also on Summary of Schedules)

**Form B6F (Official Form 6F)
(9/97)**

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF**

In re Robert and
Cynthia Bodtmann
Debtor

Debtor

Case No. _____

Chapter 1

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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ACCOUNT NO. <u>Not Known</u> <u>Layni Rothbart</u> <u>49 OVAL Rd.</u> <u>Millburn, NJ</u> <u>07041</u>		J	Lawyer				Not Known
ACCOUNT NO. <u>Various</u> <u>Meridian</u> <u>Po Box 397</u> <u>Neptune, NJ</u> <u>07754</u>		J	1500 342 449 1500 342 449 1300 357 186 1300 356 127 1300 357 186 Medical				647.45
ACCOUNT NO. <u>Various</u> <u>Meridian</u> <u>Po Box 397</u> <u>Neptune, NJ 07754</u>		J	medical 1300 389 812 1200 394 247 1500 309 078 1500 308 908 1300 388 539				1377.80
ACCOUNT NO. <u>Various</u> <u>Meridian</u> <u>Po Box 397</u> <u>Nept NJ 07754</u>		J	Medical 1300 388 539 1300 281 232 1300 289 892 1300 267 485 1300 278 861				552.00

continuation sheets attached

Subtotal ► \$ 2,577.25

Total ► \$ 2577.25

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF

*Robert and
In re Cynthia Bodtman,
Debtor*

Case No. _____

Chapter 7

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ACCOUNT NO. <u>Various</u> Meridian PO Box 397 Neptune, NJ 07754	J		Medical 1300 2466 1786 1200 311 768 1100 691 568 1300 388 599 1300 2466 178 1300 389 812				32,302.20
ACCOUNT NO. <u>1300267 485</u> Medical Services 19 Main St Asbury Park, NJ 07712	H		Medical				79.00
ACCOUNT NO. <u>23530092</u> Meridian Lab Physicians PO Box 464 Rutherford, NJ 07070	H		Medical				99.60
ACCOUNT NO. <u>107177</u> Monmouth Anesthesia Associates PO Box 464 Rutherford, NJ 07070	W		Medical				1100.00
continuation sheets attached				Subtotal ➤	\$ <u>34,580.60</u>		
Total ➤					\$ <u>34,580.60</u>		

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and Cynthia Bodtmann,
Debtor

Case No. _____

Chapter 7

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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 48060 Monoc 4806 Meijer Rd Wain, NJ 07719		H	Medical				673.70
ACCOUNT NO. 20166830 Martin Fried Po Box 23514 Newark, NJ 07189		H	Medical				653.16
ACCOUNT NO. Ble09166587105632 NJ. Motor Vehicle Surcharge Office Po Box 136 Trenton, NJ 08625		H	Motor Vehicle Surcharge				31,098.30
ACCOUNT NO. 123787 NJ Collections Po Box 250 E. Brunswick, NJ 08816		J	Collection Agency				527.79

continuation sheets attached

Subtotal ➤ \$ 32,952.95

Total ➤ \$ 32,952.95

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Cynthia Brattmann,
Debtor*

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <i>Various</i> NJ Gas 1415 Wykoff Rd Wail, NJ 07719	J	Utility 220009758125 220008372052 220008654826 2200005167489 220009130004 220009337312 220009129986				<i>4796.17</i>
ACCOUNT NO. <i>2200001647</i> NYC Dept of Finance Po Box 3639 NY, NY 10008	W	Collection Agency				<i>145.00</i>
ACCOUNT NO. <i>146-666-4738</i> NJ Dept of Labor Po Box 951 Trenton, NJ 08625	H	State of New Jersey				<i>7004.80</i>
ACCOUNT NO. <i>Various</i> NCO Financial 1804 Washington Blvd Baltimore, MD 21230	J	Collection Agency 1500 308908 1300 289 8925				<i>283.00</i>

continuation sheets attached

Subtotal ► \$ *12.201.97*

Total ► \$ *12.201.97*

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF**

In re Robert and
cynthia Boethmann
Debtor

Case No. _____

Chapter 9

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR CO-OWNERSHIP	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8160508970 027 NPC 90 Riverdale Rd. Riverdale, NJ 07457		J	Collection Agency				94.76
ACCOUNT NO. 1500 Orthopedic Associate 226 Rt 37 West Toms River, NJ 08755		H	Medical				260.00
ACCOUNT NO. 1061 342 OSI P.O. Box 3030 EDISON, NJ 08818		W	Collection Agency				70.00
ACCOUNT NO. 44713 9804 PARK DANSAN P.O. Box 110 Trenton, NJ 06825		W	Collection Agency				45.00

continuation sheets attached

Subtotal ► \$ 469.76

Total ➤

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Cynthia Boltmann*
Debtor

Case No. _____

Chapter 7

SCHEDELE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR <small>HUSBAND, WIFE, JOINT, OR COMMUNITY</small>	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 19182 861 Pediatric Pulmonary Care. Po Box 23514 Newark, NJ 07189	J	Medical				47.00
ACCOUNT NO. Various Pediatric Cardiology Po Box 23514 Newark, NJ 07189	J	Medical 241674 19182 861				1050.00
ACCOUNT NO. Pediatric Assoc 10 Neptune Blvd Neptune, NJ 07753	J	Medical				1165.00
ACCOUNT NO. 673 294 Pressler + pressler 16 wing Dr. Cedar Knolls, NJ 07927	W	Collection Agency				1217.55

continuation sheets attached

Subtotal ► \$ 3,479.55

Total ► \$ 3,479.55

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and
Cynthia Bodtman,
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR <small>HUSBAND, WIFE, JOINT, OR COMMUNITY</small>	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>V</u> arious Quest Diagnostics Po Box 64813 Baltimore, MD 21264	J	Medical 039788180 0015263667798				<u>40.00</u>
ACCOUNT NO. <u>V</u> arious Richard Della Croce Po Box 10667 Orlando FL, IL 60462	J	Medical Collection Agency 016655463663 016468376611 01668803 0663				<u>580.29</u>
ACCOUNT NO. <u>1</u> 500 Spine Trauma Institute 21ley St 35 Bldg A Seaside, NJ 08750	J	Medical				<u>260.00</u>
ACCOUNT NO. <u>1</u> 343909 Seaview Dental Hwy 35 Neptune, NJ 07754	J	Medical				<u>1102.44</u>

continuation sheets attached

Subtotal > \$ 1,982.73

Total > \$ 1,982.73

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____In re Robert and Cynthia Bodman,
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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ACCOUNT NO. VARIOUS SA-VIT Collections PO Box 250 East Brunswick, NJ 08816	J	Medical collection Agency 246674 (673 294)				1979.51
ACCOUNT NO. LA 030745 Stuart Allan & Associates 6200 W. Courtney- Campbell Way, Tampa, FLA	W	Collection Agency				153.61
ACCOUNT NO. C011572013 Social Services PO Box 3000 Freehold, NJ 07728-1250	J	Over Payment				8845.15
ACCOUNT NO. VARIOUS Tidal Emergency Services PO Box 41433 Philadelphia, PA 19101	J	Medical NTE 1300 3877563 NTE 1300 3277434 NTE 1300 3561274 NTE 1300 3874222 NTE 1300 3885392				1950.00

continuation sheets attached

Subtotal ➤ \$ 12,928.27

Total ➤ \$ 12,928.27

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF

*Robert and
Lynthia Bodtmann*,
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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ACCOUNT NO. <u>Various</u> <u>Tidal Emergency Services</u> Po Box 41433 Philadelphia, PA 19101		J	Medical NTE 1300 3193623 NTE 1300 3277285 NTE 1300 3042474 NTE 1300 2812322 NTE 1300 2788613				<u>922.00</u>
ACCOUNT NO. <u>Various</u> <u>Tidal Emergency Services</u> Po Box 41433 Philadelphia, PA 19101		J	Medical NTE 1300 2674854 NTE 1300 2679557				<u>608.00</u>
ACCOUNT NO. <u>Various</u> <u>VAN Ru Credit</u> 4415 S. Wendler Dr. Tempe, AZ 85282 Bldg 13 STE 200		J	Medical 4104 3700 3740 356 1000000 1305990 1500000 517542				<u>1116.22</u>
ACCOUNT NO. <u>Verizon</u> Po Box 4833 Trenton, NJ 08650		J	Utility				<u>5.000</u>

continuation sheets attached

Subtotal ➤ \$ 7.692.22

Total ➤ \$ 7.692.22

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and Cynthia Bodtmann,
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		J Creditor				Amount Unknown
David Villari c/o Layni Rothbart 49 OVAL Rd Millburn, NJ 07041						
ACCOUNT NO.		J Creditor				Amount Unknown
David Villari c/o Biscesillet Friedman 1 Newark Center Newark, NJ 07102						
ACCOUNT NO. 698033						
Wegmans Po Box 30844 Rochester, NY 14603	W	Collection for Debt				252.12
ACCOUNT NO. 4de3024						
Yelco 3650 S. Yosemite St. Denver CO 80237	H	Collection Agency				32.10

continuation sheets attached

Subtotal ➤ \$ 284.22

Total ➤ \$ 284.22

(Report also on Summary of Schedules)

Form B6F (Official Form 6F)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and Cynthia Brattmann,
Debtor

Case No. _____

Chapter 7

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>Not Known</u>		J	Creditor				Amount Not Known
Michael Tsontakis 60 Wyandermere Dr. Wood Cliff Lake, NJ 07677							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							

continuation sheets attached

Subtotal ➤ \$
Total ➤ \$

(Report also on Summary of Schedules)

Form B6G
(10/89)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and
Cynthia Boatman,
Debtor

Case No. _____

Chapter 7 _____

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests.

State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease.

Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Michael Tsontakis 60 Wyandermere Dr. Wood Cliff Lake, NJ 07677	Residential Apartment Lease.

B6H
(6/90)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

Robert and
In re *Cynthia Bodmann,*
Debtor

Case No. _____

Chapter 7

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.



Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Form B61
(6/90)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and Cynthia Bodtmann
Debtor

Case No. _____

Chapter 7

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status: <u>Married</u>	DEPENDENTS OF DEBTOR AND SPOUSE		
	NAMES: <u>Ryan Johannessen</u> <u>Caitlyn Bodtmann</u> <u>Christina Bodtmann</u> <u>Joseph Bodtmann</u>	AGE: <u>16</u> <u>9</u> <u>7</u>	RELATIONSHIP: <u>Son</u> <u>Daughter</u> <u>Daughter</u> <u>Son</u>
Employment: <u>Auto Mechanic</u>	DEBTOR	SPOUSE	
Occupation <u>Auto Mechanic</u>		<u>Home maker</u>	
Name of Employer <u>Absolute Trucking</u>			
How long employed <u>2 months</u>			
Address of Employer <u>126 South Main St. Farmingdale, NY</u>			

Income: (Estimate of average monthly income)

Current monthly gross wages, salary, and commissions

(pro rata if not paid monthly.)

Estimated monthly overtime

SUBTOTAL

DEBTOR

SPOUSE

\$ 2720.00

\$ _____

\$ 2720.00

\$ _____

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 184.61

\$ _____

b. Insurance

\$ 0

\$ _____

c. Union dues

\$ 0

\$ _____

d. Other (Specify: _____)

\$ 0

\$ _____

SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 184.61

\$ _____

TOTAL NET MONTHLY TAKE HOME PAY

\$ 2443.64

\$ _____

Regular income from operation of business or profession or farm
(attach detailed statement)

\$ 0

\$ _____

Income from real property

\$ 0

\$ _____

Interest and dividends

\$ 0

\$ _____

Alimony, maintenance or support payments payable to the debtor for the
debtor's use or that of dependents listed above.

\$ 0

\$ 680.00

Social security or other government assistance

\$ 0

\$ _____

(Specify) _____

\$ 0

\$ _____

Pension or retirement income

\$ 0

\$ _____

Other monthly income

\$ 0

\$ _____

(Specify) _____

\$ 0

\$ _____

TOTAL MONTHLY INCOME

\$ 2443.64

\$ 680.00

TOTAL COMBINED MONTHLY INCOME

\$ 3123.64

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

Form B6J
(6/90)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Robert and Cynthia Bodmann,
Debtor

Case No. _____

Chapter 7

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home) \$ 2600.00

Are real estate taxes included? Yes ✓ No _____

Is property insurance included? Yes ✓ No _____

Utilities Electricity and heating fuel

Water and sewer

Telephone

Other Cable

\$ 500.00

\$ 0

\$ 100.00

\$ 125.00

\$ 0

\$ 500.00

\$ 250.00

\$ 250.00

\$ 0

\$ 100.00

\$ 25.00

\$ 0

Home maintenance (repairs and upkeep)

Food

Clothing

Laundry and dry cleaning

Medical and dental expenses

Transportation (not including car payments)

Recreation, clubs and entertainment, newspapers, magazines, etc.

Charitable contributions

Insurance (not deducted from wages or included in home mortgage payments)

Homeowner's or renter's

Life

Health

Auto

Other _____

\$ 0

\$ 0

\$ 0

\$ 139.19

\$ 0

\$ 0

Taxes (not deducted from wages or included in home mortgage payments)
(Specify) _____

\$ 0

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)

Auto

Other _____

\$ 0

\$ 0

\$ 280.00

\$ 0

\$ 0

Alimony, maintenance, and support paid to others

Payments for support of additional dependents not living at your home

Regular expenses from operation of business, profession, or farm (attach detailed statement)

Other _____

\$ 0

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)

\$ 4869.19

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$ _____

B. Total projected monthly expenses \$ _____

C. Excess income (A minus B) \$ _____

D. Total amount to be paid into plan each (interval) \$ _____

Form B1, Exh. C
(/01)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re _____,
Debtor

Case No. _____

Chapter _____

Exhibit "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

NONE

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

NONE

Form B6 - Cont.
(12/94)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Cynthia Bodtmann,*
Debtor

Case No. _____

Chapter 7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 32 (Total shown on summary page plus 1.) sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 04-06-05

Signature: Robert S Bodtmann

Debtor

Date 04-06-05

Signature: Cynthia Bodtmann

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security No.

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ (Total shown on summary page plus 1.) sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Form 7
(9/00)

FORM 7. STATEMENT OF FINANCIAL AFFAIRS

UNITED STATES BANKRUPTCY COURT

DISTRICT OF _____

In re: Robert and Cynthia Bodtmann
(Name)
Debtor

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE (if more than one)
40,000	Income From Employment 2003
18,798	Income From Unemployment and Disability during Unemployment 2003-2004
20,000	Income From Employment 2004-2005

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

18,798

SOURCE

Unemployment and
Disability during Unemployment

3. Payments to creditors

None

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR
AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY
AND LOCATION

STATUS OR
DISPOSITION

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
David Villari c/o Laynn Rothbort 49 Quail Rd Millburn, NJ 07041	1-4-04	Miscellaneous Household Goods, Sporting Goods, Tools, Seasonal items, children's belongings. 5000. to 15000.00

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	---

6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	---

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	--	-----------------

*Please Refer to Statement of financial affairs
item 4 (B)*

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
------------------------------	---	--

Diver, Quinn and Keggleman 4-5-05 150.00

10. Other transfers

None

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	--

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<i>Commerce Bank Hwy 66 Neptune, NJ 07754</i>	<i>Personal acct. 686 612 0672 685 601 5925</i>	<i>Closed in 2004 - 2005</i>

12. Safe deposit boxes

Note

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------------	---

13. Setoffs

Note

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	-------------------	---------------------

14. Property held for another person

Note

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1737 Belmar Blvd WAll NJ 07719	Bodtmann Bodtmann	2001- 2003 - WAll 2003- 2004 - Spring lake
416 Salem Ave Spring lake, NJ	2103 42 Appleby Dr. ocean NJ / 204 11th	2004- 2004 - ocean
		2004 - current address

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

AND ADDRESS OF GOVERNMENTAL UNIT NOTICE LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR
DISPOSITION

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME TAXPAYER
I.D. NUMBER ADDRESS NATURE OF BUSINESS BEGINNING AND ENDING
DATES

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

Note
 a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

Note
 b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

Note
 c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

Note
 d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

Note
 a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

Note
 b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN
OF INVENTORY RECORDS

21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS TITLE NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

None

22 . Former partners, officers, directors and shareholders

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

None

23 . Withdrawals from a partnership or distributions by a corporation

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION TAXPAYER IDENTIFICATION NUMBER

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND TAXPAYER IDENTIFICATION NUMBER

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 4-6-05

Signature Robert S. Beutner
of Debtor

Date 4-6-05

Signature Cynthia Bodtrmann
of Joint Debtor
(if any)

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date _____

Signature _____

Print Name and Title _____

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

_____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 and 3571

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed Name of Bankruptcy Petition Preparer _____

Social Security No. _____

Address _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X _____
Signature of Bankruptcy Petition Preparer

_____ Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

Form B8 (Official Form 8)
(9/97)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

*Robert and
In re Cynthia Bortmann*
Debtor

Case No. _____

Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:
 - a. *Property to Be Surrendered.*

Description of Property

Creditor's name

N/A

b. *Property to Be Retained*

[Check any applicable statement.]

Description of Property	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<i>N/A</i>				

Date: _____

Signature of Debtor

CERTIFICATION OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security No.

Address

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document.

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X _____
Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Attention
Po Box 2408
Sherman TX 75091

Aspire
Po Box 105341
Atlanta GA 30348

Alliance One
1684 Woodlands Dr.
Maumee OH 43537

Access Wireless
1813 Hwy 35
Ocean NJ 07712

AMA Collections
2269 Saw Mill River Rd
Elmsford NY 10523

AMC Collections
2269 Saw Mill River Rd
Elmsford NY 10523

ACA Collections
2269 Saw mill River Rd
Elmsford NY 10523

Asbury Park Press
Po Box 1550
Neptune NJ 07754

AT&T
Po Box 8229
Aurora IL 60572

Allied Interstate
Po Box 361476
Columbus OH 43236

Amsher Collections
2090 Columbia Rd
Birmingham AL 35216

Affiliated
19 main St
Asbury Park NJ 07712

Berks
Po Box 2171
Sinking Springs PA 19608

Borrebach& Tomlinson
20 S. Olive St.
Media PA 19063

Bon Venture
34 Ironia Rd
Flanders NJ 07836

Bay Area Credit
50 Airport Pkwy
San Jose CA 95110

Bank First
2600 W. 49th St
Sioux Falls SD 57105

Baker & Bagwell
Po Box 522556
Longwood FLA 32750

Biscegele & Friedman
One Newark Center
Newark NJ 07102

Cablevision
Po Box 58
Belmar NJ 07719

CBCS
600 N. Ball Ave
Carnegie PA 15106

Collechtech
Po Box 4157
Woodland Hills CA 91365

Commerce Bank
1701 Rt.70 West
Cherry Hill NJ 08034

Commerce Bank
1701 Rt. 70 West
Cherry Hill NJ 08034

CCS
Po Box 729
Red Bank NJ 07701

Certgy Payment
550 Greensboro Ave
Tuscaloosa AL 35401

Coastal ENT
1520 Hwy 138
Wall NJ 07719

Complete Collections
Po Box 729
Red Bank NJ 07701

Capital Collections
Po Box 150
W.Berlin NJ 08091

Credit Collection Services
Two Wells Ave
Newton MA 02459

CCS
Po Box 729
Red Bank NJ07701

Direct TV
Po Box 830032
Baltimore MD 21283

Direct TV
Po Box 830032
Baltimore MD 21283

Equifax
Po Box 30272
Tampa FLA 33630

Ebony
Po Box 56480
Boulder CO 80322

JCP&L
Po Box 3687
Akron OH 44309

JCP&L
Po Box 3687
Akron OH 44309

JSUMC
Po Box 397
Neptune NJ 07753

JSUMC
Po Box 397
Neptune NJ07754

JSUMC
Po Box 397
Neptune NJ07754

JSUMC
Po Box 397
Neptune NJ 07754

JSUMC
Po Box 397
Neptune NJ 07754

JSUMC
Po Box 397
Neptune NJ07754

Jersey Shore Eye Assoc
2100 Collies Ave
Neptune NJ07753

K-Mart Corp
Po Box 8130
Palatine IL 60078

Layni Rothbort
49 Oval Rd
Millburn NJ 07041

Meridian
Po Box 397
Neptune NJ 07753

Meridian
Po Box 397
Neptune NJ07753

Meridian
Po Box 397
Neptune NJ 07753

Meridian
Po Box 397
Neptune NJ07753

Medical services
19 Main St
Asbury Park NJ 07712

Meridian Lab Services
Po Box 464
Rutherford NJ 07070

Monmouth Associates
Po Box 464
Rutherford NJ 07070

Monoc
4806 Megill Rd
Wall NJ 07719

Martin Fried
Po Box 23514
Newark NJ 07189

NJ Motor vehicle Commission
Surcharge Office
Po Box 136
Trenton NJ 08625

NJ Collections
Po Box 250
E.Brunswick NJ 08816

NJ Gas
1415 Wyckoff Rd
Wall NJ 07719

NYC Dept of Finance
Po Box 3639
NY NY 10008

NJ Dept of Labor
Po Box 951
Trenton NJ 08625

NCO Financial
1804 Washington Blvd
Baltimore MD 21230

NPC
90 Riverdale Rd
Riverdale NJ 07457

Orthopedic Associates
226 Rt. 70 West
Toms River NJ 08755

OSI
Po Box 3030
Edison NJ 06825

Park Danson
Po Box 110
Trenton NJ 06825

Pediatric Pulmonary Care
Po Box 23514
Newark NJ 07189

Pediatric Cardiology
Po Box 23514
Newark NJ 07189

Pediatric Associates
10 Neptune Blvd
Neptune NJ 07754

Pressler&Pressler
16 wing Dr
Cedar Knolls NJ 07927

Quest Diagnostics
Po Box 64813
Baltimore MD 21264

Richard Della Croce
Po Box 1067
Orlando FLA 60462

Spine Trauma Institute
2164 RT 35 Bldg A
Sea Girt NJ 08750

Seaview Dental
Hwy 35& RT 66
Neptune NJ 07754

SA-Vit
Po Box 250
E. Brunswick NJ 08816

Stuart Allan & Associates
6200 W. Courtney-Campbell Way
Tampa FLA

Social Services of Monmouth County
Po Box 3000
Freehold NJ 07728

Tidal Emergency services
Po Box 41433
Philadelphia PA 19101

Tidal Emergency Services
Po Box 41433
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Van Ru Credit
4415 S. Wendler Dr Bldg B
Tempe AZ 85282

Verizon
Po Box 4833
Trenton NJ 08650

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49 Oval Rd
Millburn NJ 07041

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Po Box 30844
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Xelco
3650 S. Yosemite St.
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Michael Tsontakis
60 Wyandermere dr
Wood Cliff Lake NJ 07677